		CLAIMS A	S FILED -	PART	ŧ		SMA	LI E	NTITY			10/8
_			(Column	1)	(Column 2)			SMALL ENTITY TYPE		OR	OR SMALL ENTIT	
TOTAL CLAIMS			26		8. 00 - 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		R/	NTE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		8AS	C FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 6 minus 20=		• 6		X	9=		OR	X\$18=	108
INDEPENDENT CLAIMS			与 minus 3 =		. 5		X4	X42=		OR	X84=	1/2
MT:	JUTIPLE DEPE	NDENT-CLAIM P	RESENT							1		100
- 11	the difference	e in column 1 is	less than z	ero, ente	r "0" in (column 2		40= 		OR	+280=	1.17
	If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							TAL		OR		1616
	(Column 1) (Column 2) (Column 3)						SM	ALL	ENTITY	OR	OTHER SMALL	
AMENDMEN! A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	R/A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ξ 2	Total	. 19	Minus	/	26	= -	X\$	9=		OR	X\$18≈	
	Independent	. 1	Minus		5	=	X4	2=		1	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA									OR		
			•				+14	OTAL		OR	+280= TOTAL	
	, 1	- Kolumn		(2.1			ADDIT			OR	ADDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL		RATE	ADDI- TIONAL
Š	Total	. 19	Minus	- 2		=	xs	o-	FEE		X\$18=	FEE
2 2 2:	Independent	1	Minus .	. *** 5		= ,	_	_	:	OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X4:	-		OR	X84=	
							+14			OR	+280=	
	•0 =1	15					ADOIT.	FEE		OR	TOTAL ADDIT. FEE	
_	9-26	(Column 1)	· · · · ·	(Colur		(Column 3)	_					
AMENDMEN! C	•	REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA	RAT	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	-10	6		X\$	9=		OR	X\$18=	
	Independent	· 2	Minus	••• ,	5	= -	X42	2,_		ОЯ	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							T				
1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter					umn 3.	+14	D= TAL		OR	+280= TOTAL	
~	i the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THI	S SPACE is	less that	20, enter *20.	ADDIT.			OR ,	ADDIT. FEE	

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Application or Docket Number

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